XAVIER UNIVERSITY
RADIOLOGIC TECHNOLOGY PROGRAM
PREGNANCY POLICY

The National Council of Radiation Protection (NCPR) advises that control measures should be taken to avoid or reduce the risk of ionizing radiation exposure to the human embryo or fetus. All pregnant students must make the final decision as to the acceptance or non-acceptance of this risk. The NCRP currently states that the dose-equivalent to the embryo or fetus should not exceed 0.5 rem during the entire gestation period or 0.05 rem in a month. Based on this information, pregnant students have the five (5) following options while enrolled in the radiologic technology program:

1. **Continue in the program as scheduled without notifying** the Program Director of the pregnancy.

2. **Take a leave of absence from the RT program.** The student should notify the Program Director in writing to take a leave of absence. The student’s length of the program will be extended to cover the didactic and clinical courses missed. At this time, the Program Director and the student can discuss the student’s options about which courses to withdraw from at the present semester. Some of the didactic courses the student may want to complete depending on the length of time left in the course. The Program Director and student will make a “tentative” schedule for the return of the student into the program.

3. **Declare pregnancy and continue the program as scheduled.** Notify the Program Director in writing of the pregnancy (see page 3 of this policy). The student must provide a physician’s documentation of the pregnancy (see page 4). The student will review the radiation protection policies and procedures with the Program Director, Clinical Instructor or the Radiation Safety Officer (see page 5).

   During the gestation period, the maximum permissible dose of 0.5 rems for the embryo-fetus from occupational exposure will not be exceeded.

   The student will be issued a “fetal” radiation monitor badge or OSLD badge. This radiation monitor is to be worn at the waist level and under the protective lead apron when utilized.

   The student will wear the additional protection of a wrap around apron during fluoroscopic procedures.

   The student will sign an additional Xavier Radiation Exposure Report each month (see page 6). A copy of each report will be submitted to the Program Director. The student’s rotations will be limited to minimize radiation exposure if it is deemed necessary by the Radiation Safety Officer or student. (This decision will be based on the student’s radiation monitoring reports.)

Policy Number 1.21

Revised Fall 2014
(4.) *Declare pregnancy and continue the program with stipulated modifications.* Notify the Program Director in writing of the pregnancy (see page 3 of this policy) with the desire to modify the program’s schedule. The student must provide a physician’s documentation of the pregnancy (see page 4). The student will review the radiation protection policies and procedures with the Program Director, Clinical Instructor or the Radiation Safety Officer (see page 4).

Depending on how the student wants to change the program’s schedule, (i.e., decrease the weekly hours of clinical education, drop clinical courses or drop didactic courses) the Program Director and the student can discuss the student’s options. Some of the didactic courses the student may want to complete depending on the length of time left in the course. The Program Director and student will make a “tentative” schedule for the student to complete the program.

5.) *Written withdrawal of declaration of pregnancy.* Students had the right to withdraw their declaration of pregnancy at any time. The student will complete the form on page 7 of this policy and return the form to the program director.

Any student who takes a leave of absence, misses any specific clinical rotations, or misses any clinical competencies must complete all program requirements/assignments before they can graduate. Extending the length of the program may be necessary.

Students returning to the program after maternity leave must have written approval from their physician. The physician approval must include any physical limitation if applicable. The physician letter must be submitted to the Program Director prior to rejoining the program.
Formal, voluntary notification is the only means by which the clinical facility and the Xavier University Radiologic Technology program can monitor the radiation dose to the embryo-fetus. Written notification should be given to the Program Director. Notification of the pregnancy will be communicated to the clinical instructor at the clinical site.

I, _________________________, a student of Xavier University Radiologic Technology Program currently assigned to _______________________________ (Clinical Education Site), am confirming my pregnancy. I understand the implications (of radiation and other hazards) stated in the Pregnancy Policy and NRC Appendix 8.13.3 and agree to adhere to the stated guidelines. I will not hold Xavier University or the clinical education site liable in case of abnormalities to this pregnancy, which may be caused by radiation exposure.

* I would like to:*
  - ________ take a leave of absence from the RT program.
  - ________ continue the program as scheduled.
  - ________ continue the program with modifications to the RT program schedule.
  - ________ withdraw my declaration of pregnancy.

____________________________________  ______________________
Student’s signature  date

____________________________________  ______________________
Program Director’s signature  date
Xavier University
Radiologic Technology Program

PHYSICIAN’S AWARENESS OF PREGNANCY

____________________________________________________   __________________
Student’s Name                                      DOB

The student named above is presently enrolled in the Xavier University Radiologic Technology Program. Due to the nature of the program, this student will be lifting and pushing patients, possible exposure to radiation and contagious diseases. In order to help this student make informed decisions, we need the following information:

1.) Approximate date of delivery ________________________________
2.) Present health status _______________________________________
3.) Do you recommend her continuation with clinical training?
    _____ yes    or    _____ no
4.) Do you recommend that she continue in the didactic portion of the program?
    _____ yes    or    _____ no

________________________________________________________
Physician’s Printed Name

________________________________________________________   __________________
Physician’s Signature                                      Date

(Note: A written release is required before this student may return to clinical education.)

Policy Number – 1.21
Revised Fall 2014                                           page 4 of 7
Xavier University
Radiologic Technology Program

Pregnant Student Radiation Report

NAME: _________________________________________________________

The radiation safety procedures have been reviewed with me and I understand the reason for these safety procedures.

Student Signature: ___________________________ Date: ____________

Radiation Safety Officer: ___________________________ Date: ____________

Clinical Instructor: ___________________________ Date: ____________

Fetal Badge: ___________________________ ______________________ 
Start date                                                        End date

Rotation Adjustment: Yes or No (circle one) 
If yes, list the clinical rotations to be satisfactorily completed in order to meet the program requirements for graduation.

Leave of Absence: Yes or No (circle one) 
If yes, list the rotations, competencies and clinical time to be satisfactorily competed in order to meet the program requirements for graduation.

Policy Number – 1.21

Revised Fall 2014 page 5 of 7
Xavier University  
Radiologic Technology Program  
**Pregnant Student Monthly Radiation Exposure Report**

<table>
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<th>Month:</th>
<th>Whole Body Current Period:</th>
<th>Whole Body Quarter:</th>
<th>Whole Body year to date:</th>
<th>Other:</th>
</tr>
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<tbody>
<tr>
<td>Year:</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Badge #1**  
(collar level – above lead apron)

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<th>Whole Body Quarter:</th>
<th>Whole Body year to date:</th>
<th>Other:</th>
</tr>
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<tbody>
<tr>
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<td></td>
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</table>

**Badge #2**  
(waist level – under lead apron)

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<th>Whole Body Current Period:</th>
<th>Whole Body Quarter:</th>
<th>Whole Body year to date:</th>
<th>Other:</th>
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<tbody>
<tr>
<td>Year:</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Student Signature: ___________________________  Date: __________

Clinical Instructor Signature: ___________________________  Date: __________
Students can withdraw their declaration of pregnancy at any time by completing this form. This completed form is submitted to the program director. The withdrawing of notification of pregnancy will be communicated to the clinical instructor at the clinical site.

I, _________________________, a student of Xavier University Radiologic Technology Program currently assigned to _______________________________ (Clinical Education Site), am withdrawing my declaration of pregnancy. I understand the implications (of radiation and other hazards) stated in the Pregnancy Policy and NRC Appendix 8.13.3 and agree to adhere to the stated guidelines. I will not hold Xavier University or the clinical education site liable in case of abnormalities to this pregnancy, which may be caused by radiation exposure.

_I would like to: (check all that applies)_

________ withdraw my declaration of pregnancy.

________ take a leave of absence from the RT program.

________ continue the program as scheduled.

________ continue the program with modifications to the RT program schedule.

______________________________________  ______________________
Student’s signature                          date

______________________________________  ______________________
Program Director’s signature                date